PART B - FEE(S) TRANSMITTAL

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	CE ADDRESS (Note: Use Block 1 fo	or any change of address)	Note: A certification Fee(s) Transmitta	te of mailing can only be us il. This certificate cannot be u	ed for domestic mailings of the sed for any other accompanying anment or formal drawing, must
7:	590 02/23/2005		papers. Each addinave its own certi	itional paper, such as an assignificate of mailing or transmiss	gnment or formal drawing, musion.
Alan, D. Kamratl NIKOLAI & MER 820 INTERNATIO 900 SECOND AV	h SEREAU, P.A., DNAL CENTRE		I hereby certify the States Postal Servaddressed to the	Certificate of Mailing or T	ransmission being deposited with the United or first class mail in an envelope lress above, or being facsimile
MINNEAPOLIS, I			Anna L	emke	(Depositor's name)
			α	nna Lomb	(Signature)
				5-12-05	(Date)
APPLICATION NO.	FILING DATE	FIRST NAI	MED INVENTOR	ATTORNEY DOCKET N	O. CONFIRMATION NO.
10/647,686	08/25/2003	В	obby Hu	CFP-1856 (15722-570	2908
TITLE OF INVENTION: T	OOL TRY-ON DEVICE		05/17/2005 GWORDO	F2 00000007 10647686	
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	05/23/2005
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GEHMAN	, BRYON P	3728	206-378000		
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CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	dence address (or Change of 22) attached. tion (or "Fee Address" Indicor more recent) attached. U RESIDENCE DATA TO as an assignee is identified in 37 CFR 3.11. Completion	(1) the or ager (2) the registe 2 regis listed, see of a Customer Delow, no assignee data will of this form is NOT a substitute.	names of up to 3 registered atts OR, alternatively, name of a single firm (having red attorney or agent) and the tered patent attorneys or agent no name will be printed.	patent attorneys g as a member a e names of up to its. If no name is assignee is identified below, to	OLAI & RSEREAU, P.A.
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